

**2015 Retiree Medical Contribution Rates and COBRA Rates**

**Per Month Per Person**

<b>United Healthcare</b>		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$380.00	\$1109.42
<b>Group Health Options</b>		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$271.00	\$790.61

**2015 Retiree Medical Contribution Rates if Medicare Eligible**

**Per Month Per Person**

<b>United Healthcare</b>		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$209.00	\$1,109.42
<b>Group Health Options</b>		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$170.00	\$790.61

**Only for Current COBRA Dental Participants**

**2015 Dental COBRA Monthly Rates for Retirees**

Level of Coverage	Delta Dental of Washington	Willamette Dental
Individual	\$42.97	\$39.82
Individual +1	\$77.67	\$79.80
Individual + more than 1	\$114.94	\$149.48